


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90243 001 ***450.00

DOCUMENT # M02000000307 1. Entity Name CLEARWATER MALL, LLC	
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Principal Place of Business 420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170	Mailing Address 420 LEXINGTON AVE. 7TH FLOOR NEW YORK, NY 10170
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DO NOT WRITE IN THIS SPACE

04142006No Chg-LLC		CR2E083 (11/05)
4. FEI Number 33-0835931	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOBLE, JAMES B
401 EAST JACKSON STREET, STE 2700
TAMPA, FL 33602-5841**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

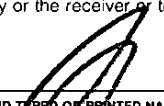
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFRANO, GLEN J 420 LEXINGTON AVENUE, 7TH FLOOR NEW YORK, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, STEVE 420 LEXINGTON AVENUE, 7TH FLOOR NEW YORK, NY 10170
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Steven F. Siegel** **4/14/2006 212-869-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #